

## VICTIM INFORMATION SHEET

**Defendant Name:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**Victim Information:**

**Recipient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Claim Number:** \_\_\_\_\_ **Total amount due this victim \$** \_\_\_\_\_

**Other Identifying  
Information:**

\_\_\_\_\_

\_\_\_\_\_

**Recipient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Claim Number:** \_\_\_\_\_ **Total amount due this victim \$** \_\_\_\_\_

**Other Identifying  
Information:**

\_\_\_\_\_

\_\_\_\_\_

**Recipient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Claim Number:** \_\_\_\_\_ **Total amount due this victim \$** \_\_\_\_\_

**Other Identifying**

**Information:**

\_\_\_\_\_

\_\_\_\_\_

**\*\*THIS INFORMATION IS NOT TO BE RELEASED TO THE DEFENDANT PURSUANT  
TO §19.2-112\*\***